

Sullivan C.F.
P.O. Box 116
Fallsburg, New York 12733 14W4533

July 29, 2014

United States District Court
Southern District of New York
500 Federal St (Rm 230)
Pro Se Plaintiff Clerk

Re: I'm Confused Because
I've already submitted
the USM-285 forms
~~what I must do~~

I'm Clerk of the Court

AUG - 6 2014

PRO SE OFFICE

I'm confused Because I've already submitted the
USM-285 forms to the effect now I've submitted
these same forms. Now can you please explain the
Rule Civil local 33.2 because I have no ~~way~~
to get to an Comptroller for forms what I must do
now if I submit these motions to the Court Clerk

local Civil Rule 33.2 Interrogatories and Requests
for Production of Documents you served within 120 days
of Date 7/23/14 PLEASE Explain

U.S. Department of Justice
United States Marshals Service

PROCESS RECEIPT AND RETURN

See "Instructions for Service of Process by U.S. Marshal"

PLAINTIFF	<i>Nathaniel R. Collins</i>	COURT CASE NUMBER <i>14-cv-4533 (KMK)</i>
DEFENDANT	<i>C.O. Foldwick</i>	TYPE OF PROCESS <i>Summons / Complaint</i>
NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN		
SERVE AT	<i>C.O. Foldwick 1 Town State C.F. Box F Red School House Rd Fishkill NY 12524</i>	
SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW		Number of process to be served with this Form 285 Number of parties to be served in this case Check for service on U.S.A.
<i>Nathaniel R. Collins 13A 4944 Sullivan C.F. P.O. Box 116 Fallsburg New York 12733</i>		

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (*Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service*):

*This office work is in the Clerk
On 3-11 Shift*

Signature of Attorney other Originator requesting service on behalf of:	<input type="checkbox"/> PLAINTIFF	TELEPHONE NUMBER	DATE
	<input type="checkbox"/> DEFENDANT		

SPACE BELOW FOR USE OF U.S. MARSHAL ONLY-- DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated. (Sign only for USM 285 if more than one USM 285 is submitted)	Total Process No. _____	District of Origin No. _____	District to Serve No. _____	Signature of Authorized USMS Deputy or Clerk	Date
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I hereby certify and return that I have personally served, have legal evidence of service, have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the individual, company, corporation, etc. shown at the address inserted below.

I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (*See remarks below*)

Name and title of individual served (<i>if not shown above</i>)	<input type="checkbox"/> A person of suitable age and discretion then residing in defendant's usual place of abode	
Address (<i>complete only different than shown above</i>)	Date	Time <input type="checkbox"/> am <input type="checkbox"/> pm
	Signature of U.S. Marshal or Deputy	

Service Fee	Total Mileage Charges including endeavors)	Forwarding Fee	Total Charges	Advance Deposits	Amount owed to U.S. Marshal* or (Amount of Refund*) \$0.00
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REMARKS:

DISTRIBUTE TO:

1. CLERK OF THE COURT
2. USMS RECORD
3. NOTICE OF SERVICE
4. BILLING STATEMENT*: To be returned to the U.S. Marshal with payment, if any amount is owed. Please remit promptly payable to U.S. Marshal.
5. ACKNOWLEDGMENT OF RECEIPT

PRIOR EDITIONS MAY BE USED

U.S. Department of Justice
United States Marshals Service

PROCESS RECEIPT AND RETURN

See "Instructions for Service of Process by U.S. Marshal"

PLAINTIFF *Nathaniel Collins*COURT CASE NUMBER
*14-cv-4533(KMK)*DEFENDANT *C.O. ANTON GIOR*TYPE OF PROCESS
Summons/Complaint

NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN

SERVE *C.O. ANTON GIOR*

AT ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)

1000 STATE C.F. Box F Red school House Rd Fishkill NY 12524

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW

 Nathaniel R. Collins 13-A-4944

Number of process to be served with this Form 285

SULLIVAN C.F. P.O. Box 116

Number of parties to be served in this case

 Fallsburg, New York 12733

Check for service on U.S.A.

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (*Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service*):

Fold

Fold

*This office work - B Complex**On 3-11 Shift.*

Signature of Attorney other Originator requesting service on behalf of:

 PLAINTIFF

TELEPHONE NUMBER

DATE

 DEFENDANT

SPACE BELOW FOR USE OF U.S. MARSHAL ONLY-- DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated. (Sign only for USM 285 if more than one USM 285 is submitted)	Total Process	District of Origin No. _____	District to Serve No. _____	Signature of Authorized USMS Deputy or Clerk	Date
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I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below)

Name and title of individual served (if not shown above)

A person of suitable age and discretion then residing in defendant's usual place of abode

Address (complete only different than shown above)

Date Time
 am
 pm

Signature of U.S. Marshal or Deputy

Service Fee	Total Mileage Charges including endeavors	Forwarding Fee	Total Charges	Advance Deposits	Amount advanced to U.S. Marshal* or (Amount of Refund*) \$0.00
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REMARKS:

DISTRIBUTE TO:

1. CLERK OF THE COURT
2. USMS RECORD
3. NOTICE OF SERVICE
4. BILLING STATEMENT*: To be returned to the U.S. Marshal with payment, if any amount is owed. Please remit promptly payable to U.S. Marshal.
5. ACKNOWLEDGMENT OF RECEIPT

PRIOR EDITIONS MAY BE USED

Form USM-285
Rev. 11/13

**U.S. Department of Justice
United States Marshals Service**

PROCESS RECEIPT AND RETURN*See "Instructions for Service of Process by U. S. Marshal"*

PLAINTIFF

Nathaniel R. Collins

COURT CASE NUMBER

14-CV-4533(KMK)

DEFENDANT

C.O. Reyes

TYPE OF PROCESS

Summons / Complaint

SERVE

{ C.O. Reyes

AT { ADDRESS (Street or P.O. Apartment No., City, State and ZIP Code)

100 EAST 14TH ST. P.O. BOX F RED SCHOOL (HOUSE R) FISHKILL NY 12524

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW

Nathaniel R. Collins 13A 4844
 SULLIVAN C.F. P.O. Box 116
 Fallsburg, NY 12733

Number of process to be served with this Form 285

Number of parties to be served in this case

Check for service on U.S.A.

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (*Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service*):

Fold

Fold

This offer work: the 3-11- Sheet

Signature of Attorney other Originator requesting service on behalf of:

PLAINTIFF
 DEFENDANT

TELEPHONE NUMBER

DATE

SPACE BELOW FOR USE OF U.S. MARSHAL ONLY-- DO NOT WRITE BELOW THIS LINEI acknowledge receipt for the total number of process indicated.
(Sign only for USM 285 if more than one USM 285 is submitted)

Total Process

District of Origin
No. _____District to Serve
No. _____

Signature of Authorized USMS Deputy or Clerk

Date

I hereby certify and return that I have personally served, have legal evidence of service, have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the individual, company, corporation, etc. shown at the address inserted below. I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (*See remarks below*)Name and title of individual served (*If not shown above*)

A person of suitable age and discretion then residing in defendant's usual place of abode

Address (*complete only different than shown above*)

Date	Time
	<input type="checkbox"/> am <input type="checkbox"/> pm

Signature of U.S. Marshal or Deputy

Service Fee

Total Mileage Charges including endeavors)

Forwarding Fee

Total Charges

Advance Deposits

Amount owed to U.S. Marshal* or
 (*Amount of Return*)

\$0.00

REMARKS:

DISTRIBUTE TO:

1. CLERK OF THE COURT
2. USMS RECORD
3. NOTICE OF SERVICE
4. BILLING STATEMENT*. To be returned to the U.S. Marshal with payment. If any amount is owed. Please remit promptly payable to U.S. Marshal.
5. ACKNOWLEDGMENT OF RECEIPT

PRIOR EDITIONS MAY BE USED

**U.S. Department of Justice
United States Marshals Service**

PROCESS RECEIPT AND RETURN*See "Instructions for Service of Process by U.S. Marshal"*

PLAINTIFF	<i>Nathaniel R. Collins</i>		COURT CASE NUMBER	<i>14-cv-4533 (KMK)</i>
DEFENDANT	<i>C.O. Santiago</i>		TYPE OF PROCESS	<i>Summons/Complaint</i>
SERVE	NAME OF INDIVIDUAL, COMPANY, CORPORATION ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN			
AT	<i>C.O. Santiago</i> <i>1 Town St & C.F. Box F Red School House Rd) Fishkill NY 12524</i>			
SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW			Number of process to be served with this Form 285	
<i>Nathaniel R. Collins 13A4944 Sullivan CF P.O.Box 116 Fallsburg, New York 12733</i>			Number of parties to be served in this case	
			Check for service on U.S.A.	

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (*Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service*):

This office work: the 3-11 shift

Signature of Attorney other Originator requesting service on behalf of:	<input type="checkbox"/> PLAINTIFF	TELEPHONE NUMBER	DATE
	<input type="checkbox"/> DEFENDANT		

SPACE BELOW FOR USE OF U.S. MARSHAL ONLY-- DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated <i>(Sign only for USM 285 if more than one USM 285 is submitted)</i>	Total Process	District of Origin	District to Serve	Signature of Authorized USMS Deputy or Clerk	Date
		No. _____	No. _____		

I hereby certify and return that I have personally served, have legal evidence of service, have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the individual, company, corporation, etc. shown at the address inserted below.

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Name and title of individual served (<i>if not shown above</i>)	<input type="checkbox"/> A person of suitable age and discretion then residing in defendant's usual place of abode	
Address (<i>complete only different than shown above</i>)	Date	Time <input type="checkbox"/> am <input type="checkbox"/> pm
	Signature of U.S. Marshal or Deputy	

Service Fee	Total Mileage Charges including endeavors)	Forwarding Fee	Total Charges	Advance Deposits	Amount owed to U.S. Marshal* or (Amount of Refund*) \$0.00
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REMARKS:

DISTRIBUTE TO:

1. CLERK OF THE COURT
2. USMS RECORD
3. NOTICE OF SERVICE
4. BILLING STATEMENT*: To be returned to the U.S. Marshal with payment, if any amount is owed. Please remit promptly payable to U.S. Marshal.
5. ACKNOWLEDGMENT OF RECEIPT

PRIOR EDITIONS MAY BE USED

**U.S. Department of Justice
United States Marshals Service**

PROCESS RECEIPT AND RETURN

See "Instructions for Service of Process by U.S. Marshal"

PLAINTIFF	<i>Nathaniel R. Collins</i>	COURT CASE NUMBER	<i>14-cv-4533(KMK)</i>
DEFENDANT	<i>Sgt. Scott</i>	TYPE OF PROCESS	<i>Summons / Complaint</i>

NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN
SERVE { *Sgt. Scott*

AT ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)

Your State C.R. Box F Red school (House #) Fishtown 15224

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW	Number of process to be served with this Form 285
<i>Nathaniel R. Collins 13-A 4944 Sullivan Ct. P.O. Box 116 Fallsburg, NY 12733</i>	Number of parties to be served in this case
	Check for service on U.S.A.

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (*Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service*):

Fold

This office work 3-11 Shift

Fold

Signature of Attorney other Originator requesting service on behalf of:	<input type="checkbox"/> PLAINTIFF	TELEPHONE NUMBER	DATE
	<input type="checkbox"/> DEFENDANT		

SPACE BELOW FOR USE OF U.S. MARSHAL ONLY-- DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated. <i>(Sign only for USM 285 if more than one USM 285 is submitted)</i>	Total Process	District of Origin No. _____	District to Serve No. _____	Signature of Authorized USMS Deputy or Clerk	Date
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I hereby certify and return that I have personally served, have legal evidence of service, have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the individual, company, corporation, etc. shown at the address inserted below.

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Name and title of individual served (<i>if not shown above</i>)	<input type="checkbox"/> A person of suitable age and discretion then residing in defendant's usual place of abode	
Address (<i>complete only different than shown above</i>)	Date	Time <input type="checkbox"/> am <input type="checkbox"/> pm
	Signature of U.S. Marshal or Deputy	

Service Fee	Total Mileage Charges including endeavors	Forwarding Fee	Total Charges	Advance Deposits	Amount owed to U.S. Marshal* or Amount of Reward**
					\$0.00

REMARKS:

DISTRIBUTE TO:	1. CLERK OF THE COURT 2. USMS RECORD 3. NOTICE OF SERVICE 4. BILLING STATEMENT*: To be returned to the U.S. Marshal with payment, if any amount is owed. Please remit promptly payable to U.S. Marshal. 5. ACKNOWLEDGMENT OF RECEIPT	PRIOR EDITIONS MAY BE USED
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**U.S. Department of Justice
United States Marshals Service**

PROCESS RECEIPT AND RETURN
See "Instructions for Service of Process by U.S. Marshal"

PLAINTIFF	<i>Nathaniel R. Collins</i>	COURT/CASE NUMBER	<i>14cv-4533(KRK)</i>
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DEFENDANT	<i>C.O. GOMMONE</i>	TYPE OF PROCESS	<i>SUMMONS / Complaint</i>
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SERVE { NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN

AT { ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)
Youngs TEC.F Box F Red School House Rd, Fallsburg NY 12524

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW	Number of process to be served with this Form 285
<i>Nathaniel R. Collins 13 A 4944 Sullivan Ct. P.O. Box 116 Fallsburg, New York 12733</i>	Number of parties to be served in this case
	Check for service on U.S.A.

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (*Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service*):

Fold

Fold

Signature of Attorney other Originator requesting service on behalf of:	<input type="checkbox"/> PLAINTIFF	TELEPHONE NUMBER	DATE
	<input type="checkbox"/> DEFENDANT		

SPACE BELOW FOR USE OF U.S. MARSHAL ONLY-- DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated. <i>(Sign only for USM 285 if more than one USM 285 is submitted)</i>	Total Process	District of Origin No. _____	District to Serve No. _____	Signature of Authorized USMS Deputy or Clerk	Date
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Name and title of individual served (<i>if not shown above</i>)	<input type="checkbox"/> A person of suitable age and discretion then residing in defendant's usual place of abode	
Address (<i>complete only different than shown above</i>)	Date	Time <input type="checkbox"/> am <input type="checkbox"/> pm
	Signature of U.S. Marshal or Deputy	

Service Fee	Total Mileage Charges including endeavors)	Forwarding Fee	Total Charges	Advance Deposits	Amount owed to U.S. Marshal* or (Amount of "Refund") \$0.00
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REMARKS:

DISTRIBUTE TO:

1. CLERK OF THE COURT
2. USMS RECORD
3. NOTICE OF SERVICE
4. BILLING STATEMENT*. To be returned to the U.S. Marshal with payment, if any amount is owed. Please remit promptly payable to U.S. Marshal.
5. ACKNOWLEDGMENT OF RECEIPT

PRIOR EDITIONS MAY BE USED

**U.S. Department of Justice
United States Marshals Service**

PROCESS RECEIPT AND RETURN*See "Instructions for Service of Process by U.S. Marshal"*

PLAINTIFF

Matthew L.R. Collins

COURT CASE NUMBER

14-CV-4533

DEFENDANT

C.O. Childress

TYPE OF PROCESS

Summons/Complaints

SERVE AT

NAME OF INDIVIDUAL, COMPANY, CORPORATION ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN

{ C.O. Childress

ADDRESS (Street or RFD, Apartment No., City, State and Zip Code)

New York State of Box F Bed School (House Rd) Fishkill NY 12524

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW

Matthew L.R. Collins 13A 4994
Sullivan Co. P.O. Box 116
Fallsburg, New York 12733

Number of process to be served with this Form 285

Number of parties to be served in this case

Check for service on U.S.A.

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE. (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service):

Fold

Fold

This officer works the
3-11 Shift

Signature of Attorney other Originator requesting service on behalf of:

 PLAINTIFF

TELEPHONE NUMBER

DATE

 DEFENDANT**SPACE BELOW FOR USE OF U.S. MARSHAL ONLY-- DO NOT WRITE BELOW THIS LINE**

I acknowledge receipt for the total number of process indicated.
(Sign only for USM 285 if more than one USM 285 is submitted)

Total Process	District of Origin No. _____	District to Serve No. _____	Signature of Authorized USMS Deputy or Clerk	Date
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I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below)

Name and title of individual served (if not shown above)

A person of suitable age and discretion then residing in defendant's usual place of abode

Address (complete only different than shown above)

Date	Time
<input type="checkbox"/> am	<input type="checkbox"/> pm

Signature of U.S. Marshal or Deputy

Service Fee	Total Mileage Charges including endeavors)	Forwarding Fee	Total Charges	Advance Deposits	Amount owed to U.S. Marshal* or (Amount of Retund*)
					\$0.00

REMARKS:

DISTRIBUTE TO:

1. CLERK OF THE COURT
2. USMS RECORD
3. NOTICE OF SERVICE
4. BILLING STATEMENT*: To be returned to the U.S. Marshal with payment, if any amount is owed. Please remit promptly payable to U.S. Marshal.
5. ACKNOWLEDGMENT OF RECEIPT

PRIOR EDITIONS MAY BE USED

**U.S. Department of Justice
United States Marshals Service**

PROCESS RECEIPT AND RETURN

See "Instructions for Service of Process by U.S. Marshal"

PLAINTIFF	Nathaniel R. Collins		COURT CASE NUMBER	14-cv-4633(KMK)
DEFENDANT	R. N. Nurse S. Landfor		TYPE OF PROCESS	Summons/Complaints
SERVE	R. N. Nurse S. Landfor		NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN	
AT			ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)	
			1 Townstate C.F Box F Red School House Rd Fishkill NY 12524	
SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW				
<input type="text"/> Nathaniel R. Collins 13A 4999 <input type="text"/> Sullivan C.F P.O. Box 116 <input type="text"/> Fallsburg, New York 12733				Number of process to be served with this Form 285
				Number of parties to be served in this case
				Check for service on U.S.A.

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (*Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service*):

Fold *This nurse works the Civic One* Fold
3-11 Shift

Signature of Attorney other Originator requesting service on behalf of:	<input type="checkbox"/> PLAINTIFF	TELEPHONE NUMBER	DATE
	<input type="checkbox"/> DEFENDANT		

SPACE BELOW FOR USE OF U.S. MARSHAL ONLY-- DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated. <i>(Sign only for USM 285 if more than one USM 285 is submitted)</i>	Total Process	District of Origin No. _____	District to Serve No. _____	Signature of Authorized USMS Deputy or Clerk	Date
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I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (*See remarks below*)

Name and title of individual served (<i>If not shown above</i>)	<input type="checkbox"/> A person of suitable age and discretion then residing in defendant's usual place of abode	
Address (<i>complete only different than shown above</i>)	Date	Time <input type="checkbox"/> am <input type="checkbox"/> pm
	Signature of U.S. Marshal or Deputy	

Service Fee	Total Mileage Charges including <i>endeavors</i>)	Forwarding Fee	Total Charges	Advance Deposits	Amount owed to U.S. Marshal* or Amount of Refund**
					\$0.00

REMARKS:

DISTRIBUTE TO:

1. CLERK OF THE COURT
2. USMS RECORD
3. NOTICE OF SERVICE
4. BILLING STATEMENT*: To be returned to the U.S. Marshal with payment, if any amount is owed. Please remit promptly payable to U.S. Marshal.
5. ACKNOWLEDGMENT OF RECEIPT

PRIOR EDITIONS MAY BE USED

**U.S. Department of Justice
United States Marshals Service**

PROCESS RECEIPT AND RETURN*See "Instructions for Service of Process by U.S. Marshal"*PLAINTIFF *Nathaniel R. Collins*COURT CASE NUMBER *14-CV-4533 (KMK)*DEFENDANT *C.O. Morris*TYPE OF PROCESS *Summons / Complaint*

NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN

SERVE *C.O. Morris*

AT ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)

100 State Ct. Box F Med School (House Rd) Falls Hts. NY 12524

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW

*Nathaniel R. Collins 13A 4999
SULLIVAN C.R. P.O. Box 116
Fallsburg, New York 12733*

Number of process to be served with this Form 285

Number of parties to be served in this case

Check for service on U.S.A.

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (*Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service*):

Fold

Fold

*This affair will be
3-11 Shift*

Signature of Attorney other Originator requesting service on behalf of:	<input type="checkbox"/> PLAINTIFF	TELEPHONE NUMBER	DATE
	<input type="checkbox"/> DEFENDANT		

SPACE BELOW FOR USE OF U.S. MARSHAL ONLY-- DO NOT WRITE BELOW THIS LINE

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I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (*See remarks below*)

Name and title of individual served (<i>if not shown above</i>)	<input type="checkbox"/> A person of suitable age and discretion then residing in defendant's usual place of abode		
Address (<i>complete only different than shown above</i>)	Date	Time	<input type="checkbox"/> am <input type="checkbox"/> pm
	Signature of U.S. Marshal or Deputy		

Service Fee	Total Mileage Charges including endeavors	Forwarding Fee	Total Charges	Advance Deposits	Amount owed to U.S. Marshal or (Amount of Retainer)
					\$0.00

REMARKS:

DISTRIBUTE TO:

1. CLERK OF THE COURT
2. USMS RECORD
3. NOTICE OF SERVICE
4. BILLING STATEMENT*: To be returned to the U.S. Marshal with payment, if any amount is owed. Please remit promptly payable to U.S. Marshal.
5. ACKNOWLEDGMENT OF RECEIPT

PRIOR EDITIONS MAY BE USED

SULLIVAN CORRECTIONAL FACILITY

P.O. BOX 116
FALLSBURG, NEW YORK 12733-0116

NAME: Lathorne Collins DIN: 13-A-4944 SULLIVAN CORR. FAC.

049182025188
~~\$00.00~~
08/04/2014

Mailed From 12733
US POSTAGE

The Clerk of the Court
United States 1st Street Court
Sutherland District of New York
500 Pearl St Room 230
(Pro Se) Take Unit
New York, NY 10004-1315

